

Fig. 1

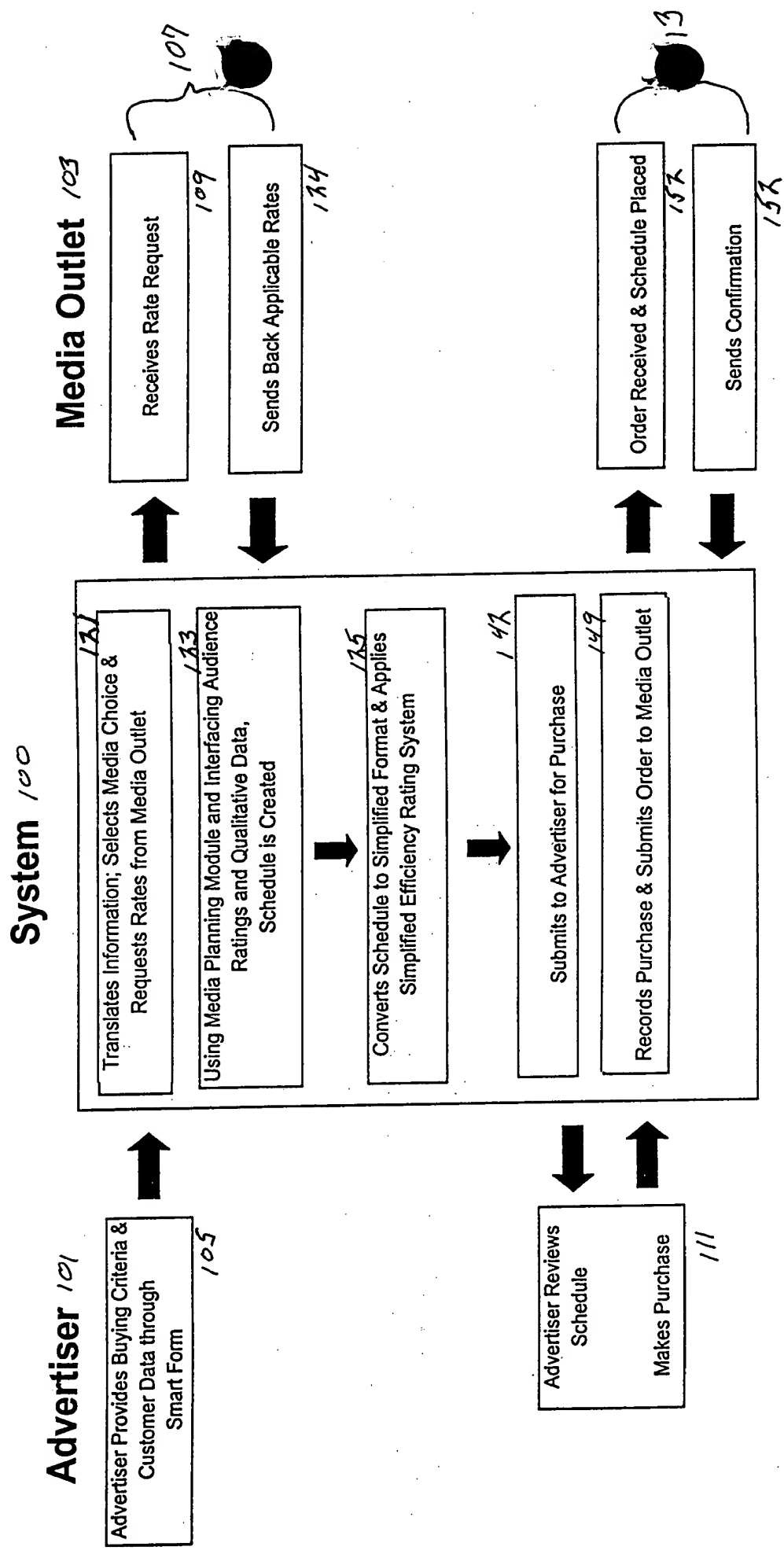


Fig. 2

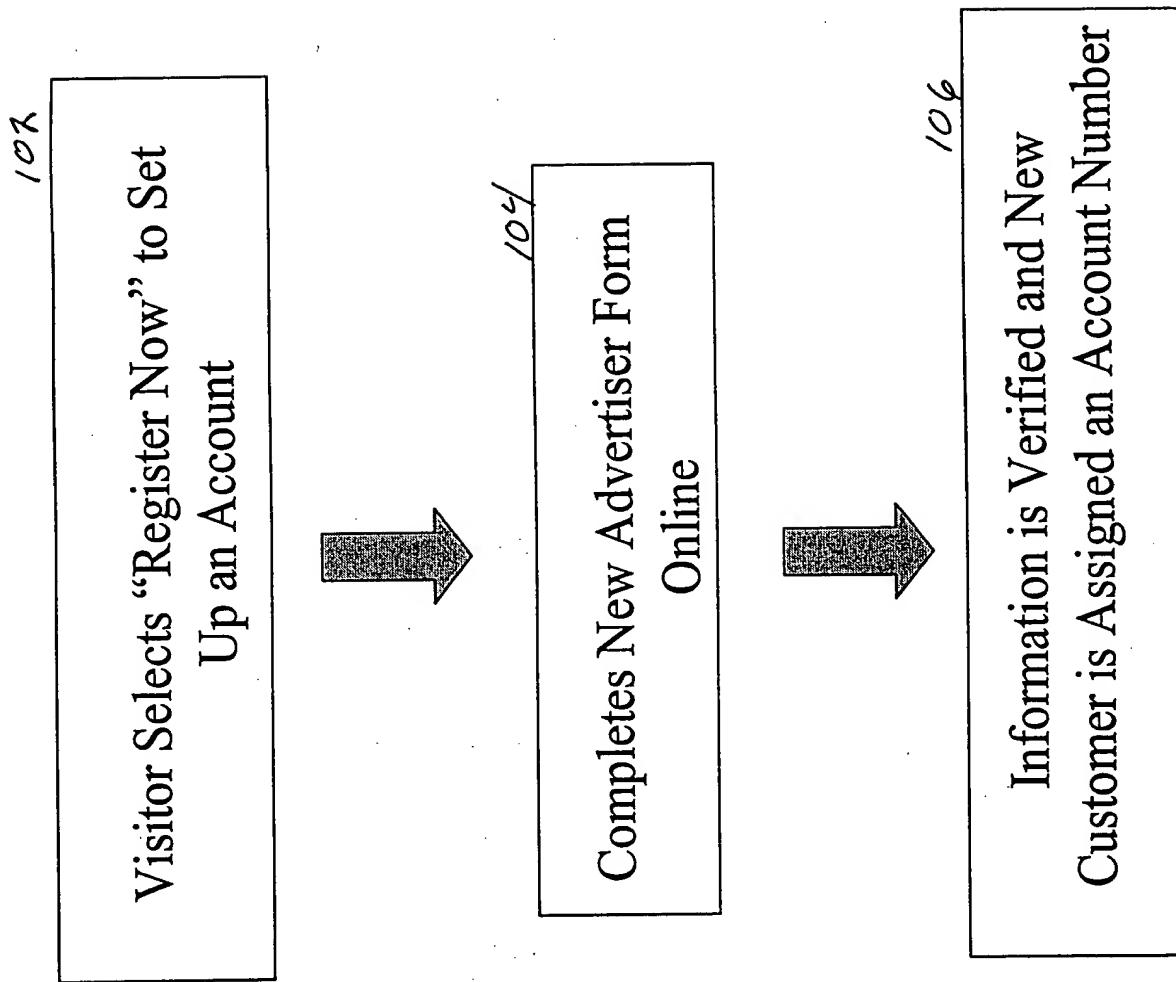


Fig. 3

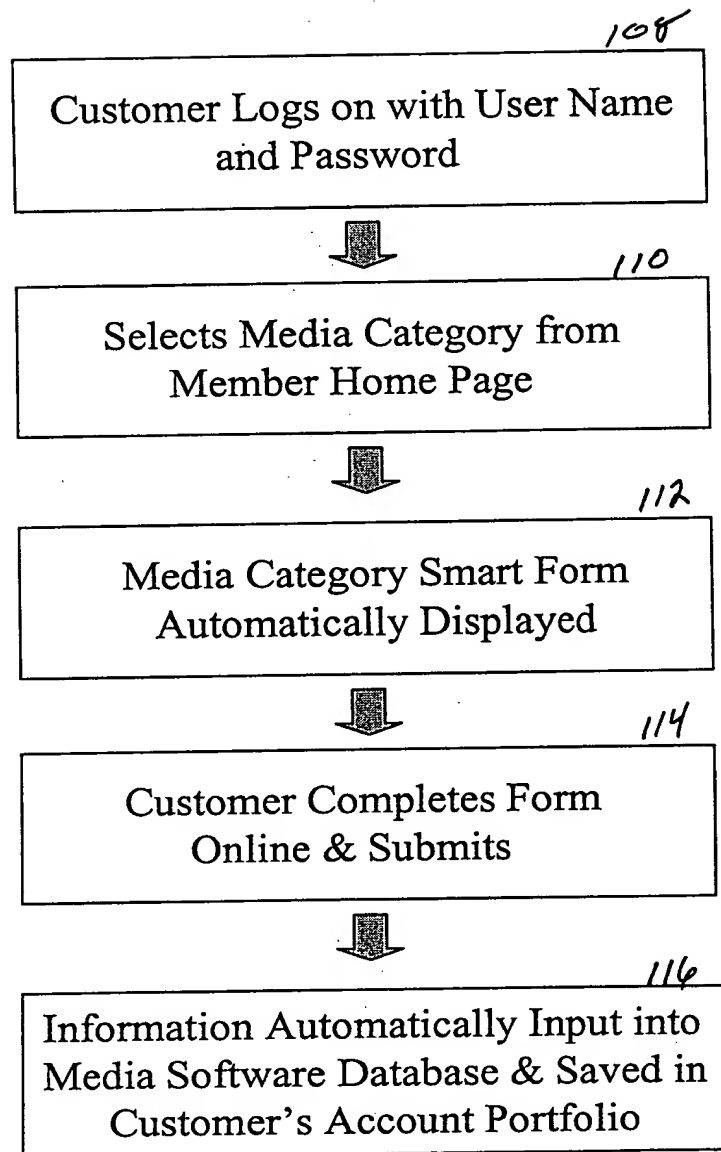


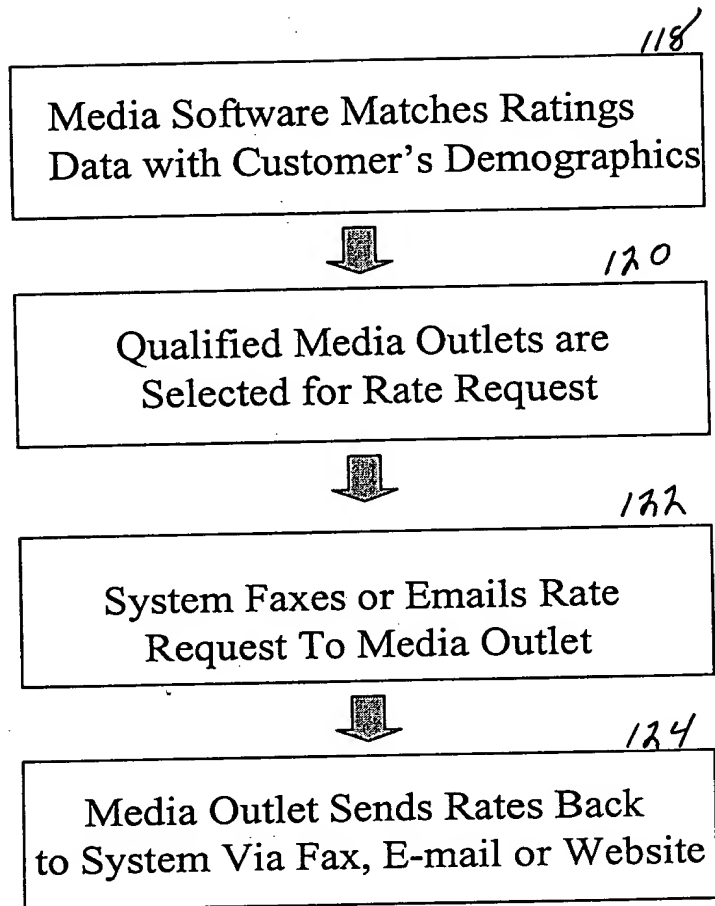
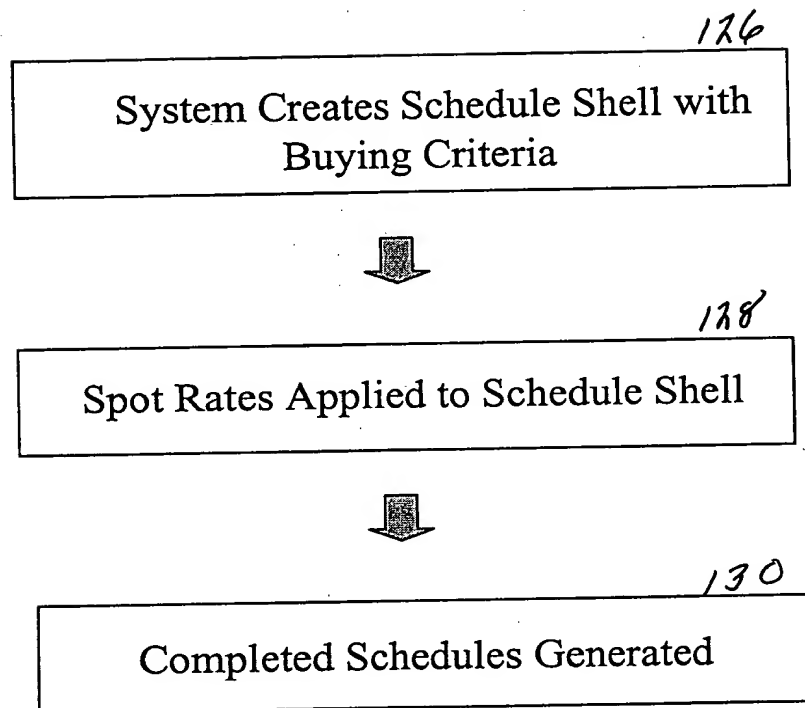
Fig. 4

Fig. 5



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Fig. 6

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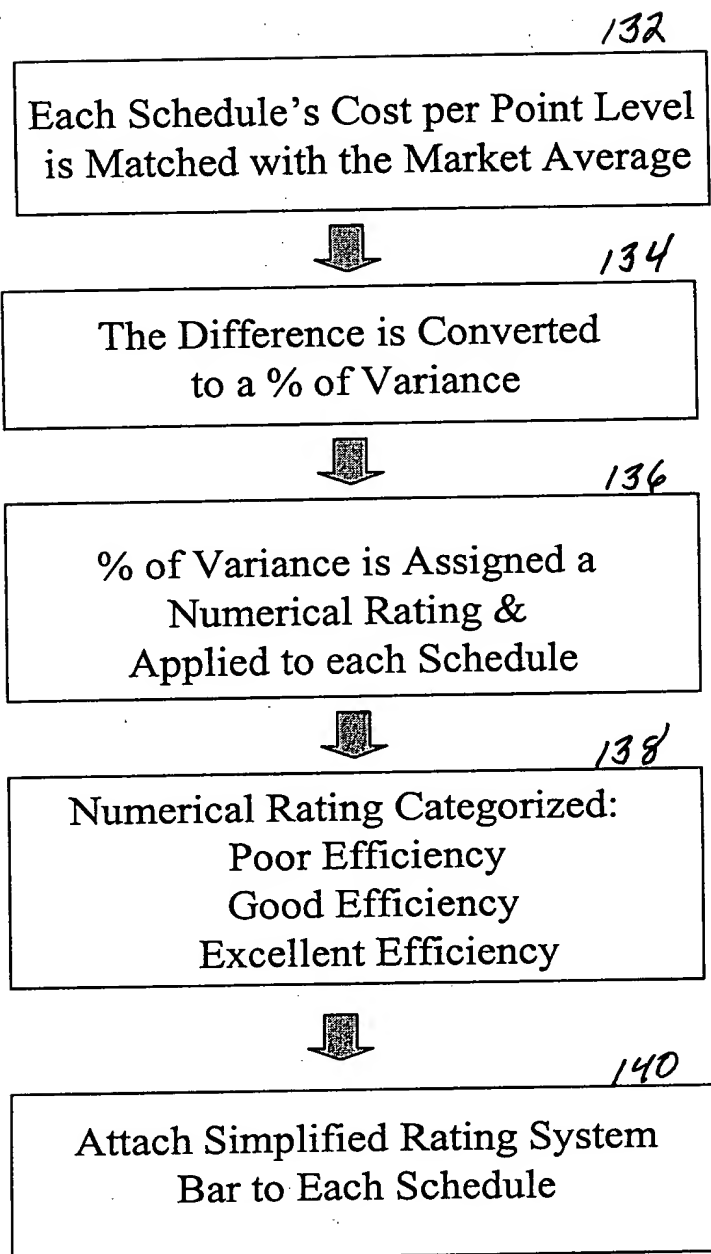


Fig. 7

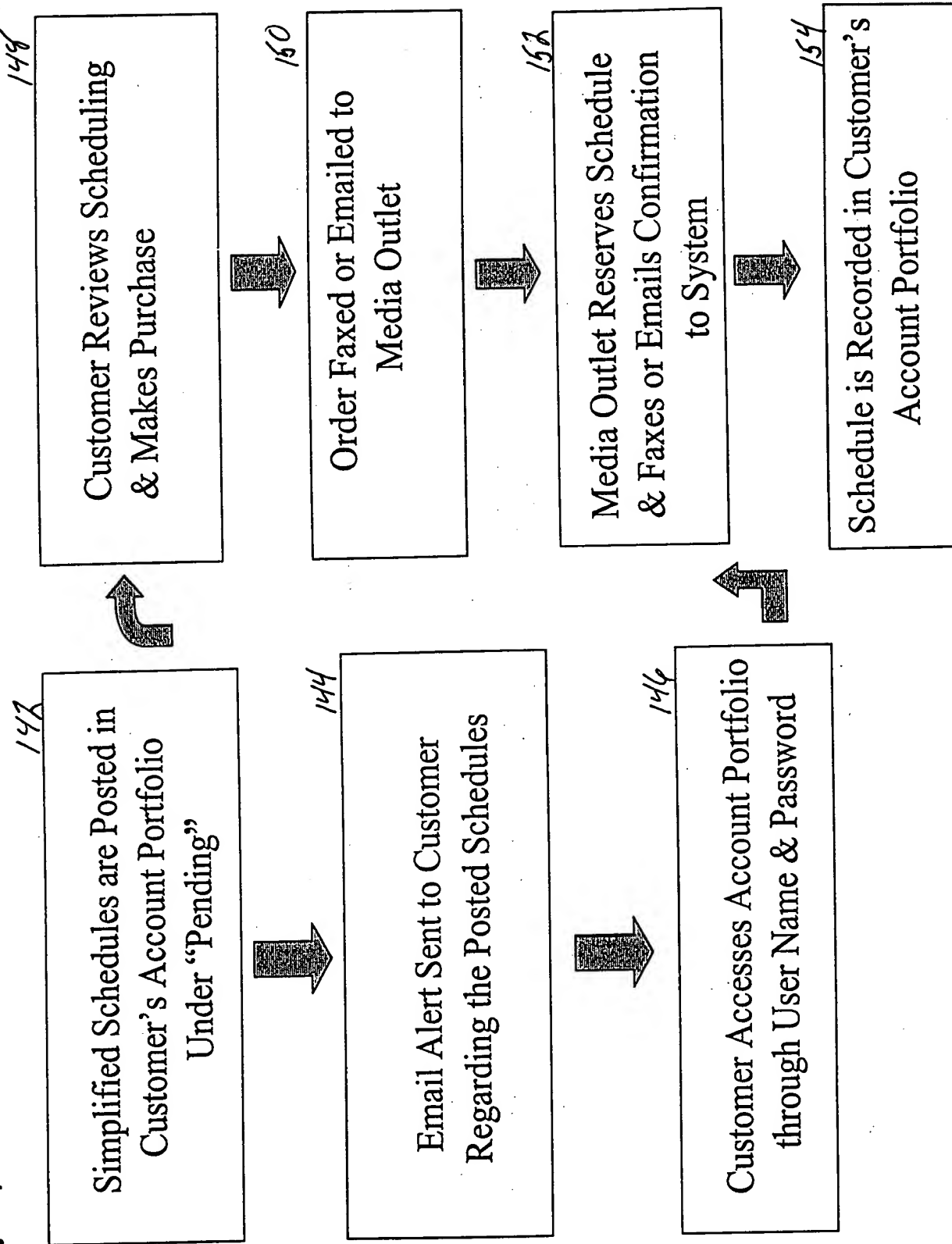


FIG. 8 A

SMART FORM

COMPANY NAME: _____

BILLING ADDRESS:

COMPANY CONTACT:

PHONE _____ EMAIL _____ FAX _____

CAMPAIGN NAME: _____

(DROP DOWN MENUS) PRODUCT OR SERVICE CATEGORY

- | | |
|--------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Pet Supplies |
| <input type="checkbox"/> Banking/Financial | <input type="checkbox"/> Restaurant/Fast Food |
| <input type="checkbox"/> eCommerce | <input type="checkbox"/> Sporting Goods |
| <input type="checkbox"/> Home Improvement | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Housewares | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Women's Clothing |
| <input type="checkbox"/> Other _____ | |

HOW OFTEN IS YOUR PRODUCT/SERVICE PURCHASED?

- ☐ Daily ☐ Weekly ☐ Monthly ☐ 1-2 Times per Year ☐ Every 2 Years or More

HOW MUCH COMPETITION DO YOU HAVE FOR YOUR PRODUCT/SERVICE IN YOUR MARKET AREA?

- ☐ Many Competitors ☐ Few Competitors ☐ No Competition

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☐ Brand Building/Name Awareness ☐ Sales Event ☐ Direct Response☐ Newspaper ☐ Magazine ☐ Radio ☐ Television ☐ Outdoor ☐ Internet ☐ None

AGE: Teens ☐ 25-34 ☐ 45-54 ☐ 18-24 ☐ 35-44 ☐ 55+ ☐

GENDER: Male ☐ Female ☐ Both ☐

AVG. ANNUAL INCOME: \$25,000 & Under ☐ \$65,000-\$90,000 ☐
 \$25,000-\$40,000 ☐ \$90,000-\$125,000 ☐
 \$40,000-\$65,000 ☐ Over \$125,000 ☐

QUALITATIVE : Additional information to describe your customer:

Race White ☐ African American ☐ Hispanic ☐ Asian ☐ Other ☐

Education High School ☐ College ☐ Advanced Degree ☐

Occupation Professional ☐ Clerical ☐ Blue Collar ☐ Retired ☐ Student ☐
Other ☐ _____

Residence Own ☐ Rent ☐ House ☐ Apartment/Townhouse ☐

Start Date: _____ (Month/Day/Year)

End Date: (Month/Day/Year)

FIG. 8 C

(DROP DOWN MENU)

TV/CABLE

SELECT DAYPARTS

SELECT DAYS

- | | |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All Dayparts | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Early Morning (7am-9am) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Daytime (9am-4pm) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Early Fringe (4pm-6pm) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Prime Access (6pm-7pm) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Prime Time (7pm-10pm) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Late Access (10pm-10:30pm) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Late Fringe (10:30pm-12m) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |

RADIO

SELECT DAYPARTS

SELECT DAYS

- | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All Dayparts | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Morning Drive (6am-10am) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Mid-Day (10am-3pm) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Afternoon Drive (3pm-7pm) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Evening (7pm-12m) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Prime Rotator (6am-7pm) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Broad Rotator (6am-12m) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Overnight (12am-12am) | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |

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FIG. 8 D

LENGTH OF SPOT :60 ☐ :30 ☐ :15 ☐ :10 ☐

GEOGRAPHIC ☐ Marketwide Coverage ☐ W. Houston ☐ Baytown ☐ Kingwood
☐ NW Houston ☐ Clear Lake ☐ Ft. Bend

NETWORKS/STATIONS Rates For All Programs and Networks/Stations Meeting
Your Buying Criteria Will Be Requested. If There Are Any
Networks/Stations You Do Not Want Us to Request Rates
For, Please Check Below:

(DROP DOWN MENU)

Cable

- ☐ A&E
☐ CNN
☐ Comedy Channel
☐ ESPN
☐ Fox Family Channel
☐ Headline News
☐ Lifetime
☐ TBS
☐ USA

TV

- ☐ Sports
☐ Soap Opera
☐ Daytime Talk Show
☐ Prime Time Drama
☐ Comedy
☐ Other _____
☐ Other _____

Radio

- ☐ KAAA
☐ KCCC
☐ KDDD
☐ KEEE
☐ KFFF
☐ KZZZ

BUDGET

Please identify the total dollars allocated for above time period:
\$ _____

TO CONTACT US FOR ASSISTANCE:
CUSTOMERHELP@FREEADSERVICE.COM

1-800-000-000

SUBMIT REQUEST ☐

CLEAR REQUEST ☐

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Fig. 9

Cost Per Point of \$150.00

Simplified Broadcast Rating System

